

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71530	06-9-2-00
O.I.P.E. CLASSIFIER	PH		6/10
FORMALITY REVIEW		67803	8-9-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/12/04
2	✓	✓	2/12/04
3	✓	✓	2/12/04
4	✓	✓	2/12/04
5	✓	✓	2/12/04
6	✓	✓	2/12/04
7	✓	✓	2/12/04
8	✓	✓	2/12/04
9	✓	✓	2/12/04
10	✓	✓	2/12/04
11	✓	✓	2/12/04
12	✓	✓	2/12/04
13	✓	✓	2/12/04
14	✓	✓	2/12/04
15	✓	✓	2/12/04
16	✓	✓	2/12/04
17	✓	✓	2/12/04
18	✓	✓	2/12/04
19	✓	✓	2/12/04
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25	✓	✓	2/12/04
26	✓	✓	2/12/04
27	✓	✓	2/12/04
28	✓	✓	2/12/04
29	✓	✓	2/12/04
30	✓	✓	2/12/04
31	✓	✓	2/12/04
32	✓	✓	2/12/04
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44	✓	✓	2/12/04
45	✓	✓	2/12/04
46	✓	✓	2/12/04
47	✓	✓	2/12/04
48	✓	✓	2/12/04
49	✓	✓	2/12/04
50	✓	✓	2/12/04

Claim	Final	Original	Date
51	✓	✓	2/12/04
52	✓	✓	2/12/04
53	✓	✓	2/12/04
54	✓	✓	2/12/04
55	✓	✓	2/12/04
56	✓	✓	2/12/04
57	✓	✓	2/12/04
58	✓	✓	2/12/04
59	✓	✓	2/12/04
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70	✓	✓	2/12/04
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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